

**POLICY OR PRECEDENT**  
(XVIII Abn Corps and Ft Bragg Memo 25-50)

<b>1. SUBJECT</b> Vehicle Operations		<b>2. MASTER POLICY NO.</b> SAF-04-03
<b>3. ORIGINATOR</b> AFVC-SAF	<b>4. PHONE NUMBER</b> 432-0614	<b>5. DATE ESTABLISHED</b> 12/09//04

**6. SYNOPSIS: (if more space is needed, use reverse side.)**

1. This is a Division Policy pertaining to Army Motor Vehicle (AMV) and Privately Owned Vehicle (POV) drivers and occupants. This policy applies to all personnel assigned or attached to the 82nd Airborne Division operating a vehicle on or off the installation. This policy is punitive. Violations of this policy are punishable under the Uniform Code of Military Justice.

2. AMV and POV accident reduction is a command priority. The number of our troopers injured or killed in traffic accidents continues to be unacceptably high. These injuries and deaths represent a human tragedy with direct, adverse impact on mission readiness and can be prevented.

3. All too often, upon investigation of AMV and POV accidents, not adhering to set standards and policies is a major factor in the accident. Leader involvement, at all levels, and strict enforcement of the policies are key to the reduction of AMV and POV accidents.

4. XVIII Airborne Corps and Fort Bragg Master Policy Letter 18 (High Risk Drivers and Traffic Safety) spells out the requirements for operating a vehicle on and off the installation. Leaders will review and ensure troopers in their command adhere to the requirements in the policy.


5. POV operation:

a. Automobiles:

- 1) Seat belts will be worn by all personnel in the vehicle.
- 2) All personnel below the age of 26 will attend the Defensive Drivers Course (DDC) prior to reporting to their unit from 82nd Replacement.
- 3) Troopers will strictly adhere to posted speed limits.
- 4) Troopers cited for a moving violation referenced in Corps Master Policy #18 will attend the Saturday Driver Improvement Training (DIT) within 30 days of the citation or they will have their on post driving privileges revoked.

b. Motorcycles:

- 1) Troopers operating motorcycles, on or off the installation, are required to attend the Experienced Rider Motorcycle Defensive Driving Course. This course is available free of charge through the XVIII Airborne Corps Safety Office.

<b>7. TYPE POLICY</b>  <input type="checkbox"/> NEW  <input checked="" type="checkbox"/> CHANGE  <input type="checkbox"/> REVOCATION	<b>8. IDENTIFY POLICY AFFECTED</b>			
	<b>9. LAST REVIEWED</b>			
	<b>DATE</b>	<b>REVIEWING OFFICER</b>	<b>ORGANIZATION</b>	<b>INITIALS</b>
<b>10. APPROVED:</b>  WILLIAM B. CALDWELL IV, MG, Commanding				

<b>11. DIRECTIVE ON WHICH BASED (Show date, subject, and origin.)</b> Fort Bragg 385-10, 7 Nov 05	
<b>12. DISTRIBUTION</b> A	<b>13. DATE PUBLISHED</b> 22 December 2005

- 2) Commanders will ensure inexperienced drivers receive training in basic motorcycle operation and have a motorcycle endorsement on their license prior to attending the Experienced Rider Course.
- 3) Troopers operating or riding on a motorcycle or ATV will wear the proper Personal Protective Equipment (PPE) referenced in DODI 6055.4. (Appendix A)
- 4) Commanders will ensure troopers riding motorcycles to include ATV's, on or off post, are counseled concerning applicable safety requirements. An example of the DA Form 4856 is enclosed.

6. AMV operation:

- a. All personnel in the vehicle will wear seat belts.
- b. Troop straps will be utilized by personnel riding in the back of authorized troop carriers.
- c. No one will ride on top of vehicles. Crew will rehearse roll over drills.
- d. Troopers will wear eye protection in vehicles without windshields.
- e. Operators will strictly adhere to speed limits for type of vehicle. IAW FB Reg 350-6 and FB Reg 385-4, the following are the maximum speed limits:

1) On Fort Bragg

- a) No tactical vehicle, to include 80 pax, will travel faster than 45 MPH on hard surface roads or 30 MPH on dirt roads.
- b) All firebreaks and trails; Reasonable/prudent NTE 20 MPH
- c) Under NVGs NTE 15 MPH

2) Off Fort Bragg

**SPEED LIMITS FOR TACTICAL VEHICLES (mph/kph)**

	Cities	Highways	Roads
Trucks, 0- to 10-ton (with or without trailers, incl HMMWVs and CUCVs)	30/50	50/80	40/60
Trucks and truck tractors, 1-ton and larger (with or without trailers)	25/40	50/80	40/60
Track-laying vehicles	15/30	30/50	25/40

Oversized, overweight, and towed vehicles as prescribed by the responsible commander.

Trucks transporting ammunition, explosives, and dangerous cargo	25/40	50/80	40/60
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### **SPEED LIMITS FOR TACTICAL VEHICLES (mph/kph) (con't)**

Columns (excl vehicles that might  
further restrict speed)

30/50    40/60    40/60

#### **NOTES:**

1. The above speed limits will be observed unless a lower speed limit is posted.
2. Catch up speed will not exceed the vehicle's max speed.
- f. The passenger-carrying capabilities listed below are for normal passenger-carrying operations and are consistent with safety policies and design features of the vehicles. The passenger capabilities apply only when the vehicle is properly equipped with permanent or temporary seats.

### **TROOP CARRYING CAPACITIES**

Vehicle	Passenger-Capacity
5/4 Ton HMMWV Troop Carrier	8
5/4 Ton HMMWV Cargo/Troop Carrier	4
5/4 Ton M880, M881, M882	8
2.5 Ton Standard/LVAD 12ft cargo bed	12
5.0 Ton Standard/ LVAD Dump Truck 12ft dump bed	12
5.0 Ton Standard/ LVAD Cargo Truck 14ft bed	14
5.0 Ton Long Wheel Base Cargo truck 20ft bed	20

#### **NOTES:**

1. Passengers, who are not crewmembers and carried in the cab of the vehicle, are limited to available seat belt positions.
2. The driver and the TC are responsible for the safety of the personnel riding on their vehicle. Drivers and TC's will refuse to move the vehicle if anyone is in an unsafe position or if the vehicle has too many passengers.
3. The TC will be the ranking individual.
7. Accident Procedures for Tactical and Non-Tactical Vehicle Operators:

Vehicle operators have a duty to avoid accidents by practicing safe driving techniques at all times. Accidents, however, are often inevitable and unavoidable. Thus, the following are the procedures vehicle operators will take in the event they are involved in an accident. These procedures should be reduced to a laminated card and placed in the log book with the DD Form 518 and SF 91.

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and placed in the log book with the DD Form 518 (Appendix B) and SF 91 (Appendix C).

- a. Gain situational awareness and ensure all parties involved are in a safe environment.
- b. If there is an injury or emergency call 911 for emergency first responder assistance.
- c. Notify the Installation Provost Marshall Traffic Section at 396-0391 (on post) or the local law enforcement (off post) for assistance.
- d. Notify the chain of command.
- e. If a civilian is involved, give the individual the DD Form 518.
- f. Preserve the accident scene until Military Police (on post) or the local authorities (off post) arrive. If possible take a picture of the accident scene. The accident scene should be preserved as long as the scene is not creating an unsafe environment or there are no injured personnel that need to be evacuated.
- g. Complete SF 91 Motor Vehicle Accident Report.

8. General:

- a. Troopers will not operate any vehicle, military or civilian, (including motorcycles) while under the influence of alcohol or drugs (including prescription drugs that impair driving). Troopers will not ride in any motor vehicle where the operator is under the influence of alcohol or drugs.
- b. Troopers will not operate or ride in a motor vehicle involved in illegal activity.
- c. Commanders may employ administrative measures such as written counseling, admonition or reprimand, withholding of pass privileges, or take action under UCMJ for troopers who fail to attend and pass the Experienced Rider Motorcycle Defensive Driving Course prior to operating the motorcycle. Commanders should consult their trial counsel prior to taking action against a trooper.
- d. If a line of duty investigation is initiated as the result of a motor vehicle accident, the investigating officer will consider all relevant factors, including those listed in AR 600-8-4, paragraph 4-14, in determining the presence of intentional misconduct or willful negligence that could lead to a finding of "not in line of duty." Additionally, these factors may be considered by the Department of the Army Physical Evaluation Boards and the Department of Veterans Affairs to deny or reduce a trooper's benefits.
- e. For troopers receiving traffic citations, a commander can counsel the trooper, deny or limit pass privileges, and recommend suspension or revocation of Installation driving privileges.
- f. Leaders will conduct a POV safety inspection on trooper's vehicles prior to the start of a long weekend.
- g. All discrepancies found during the vehicle inspection must be corrected and re-inspected prior to the trooper leaving the area.
- h. Troopers will complete the automated risk assessment prior to leave, pass, TDY, or PCS (ASMIS-1) to assist commanders and leaders in mitigating risk.

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9. Safety is everyone's business. Leaders must ensure troopers adhere to all standards and procedures. The moment a standard is overlooked, you have set a new standard. On the spot corrections are integral parts of ensuring our troopers stay safe. Leaders must stop unsafe procedures, on and off duty, whenever they are observed. Additionally inspections must include performance-oriented training. Leaders must do everything in their power to protect the force.

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<b>DEVELOPMENTAL COUNSELING FORM</b> <small>For use of this form, see FM 22-100; the proponent agency is TRADOC</small>			
<b>DATA REQUIRED BY THE PRIVACY ACT OF 1974</b>			
<b>AUTHORITY:</b>	5 USC 301, Departmental Regulations; 10 USC 3013, Secretary of the Army and E.O. 9397 (SSN)		
<b>PRINCIPAL PURPOSE:</b>	To assist leaders in conducting and recording counseling data pertaining to subordinates.		
<b>ROUTINE USES:</b>	For subordinate leader development IAW FM 22-100. Leaders should use this form as necessary.		
<b>DISCLOSURE:</b>	Disclosure is voluntary.		
<b>PART I - ADMINISTRATIVE DATA</b>			
Name (Last, First, MI) DOE, JOHN L.	Rank/Grade SGT/E5	Social Security No. 123-45-6789	Date of Counseling 08 SEP 2003
Organization ANY UNIT, FORT BRAGG, NC 28310		Name and Title of Counselor Hardnose, Thomas J., SSG, Squad Leader	
<b>PART II - BACKGROUND INFORMATION</b>			
<b>Purpose of Counseling:</b> <i>(Leader states the reason for the counseling, e.g., performance/professional growth or event-oriented counseling, and includes the leader's facts and observations prior to the counseling)</i> <ul style="list-style-type: none"> <li>o Encourage safety awareness while operating motorcycles/ATVs on and off post</li> <li>o Ensure troopers attend and pass the Experienced Riders Motorcycle Defensive Drivers Course (MDDC)</li> <li>o Ensure troopers adhere to the Army requirement for Personal Protective Equipment (PPE) while operating motorcycles/ATVs</li> <li>o Identify operational requirements for safe motorcycle/ATV operation on and off post</li> </ul>			
<b>PART III - SUMMARY OF COUNSELING</b> <small>Complete this section during or immediately subsequent to counseling.</small>			
<b>Key Points of Discussion:</b> The purpose of this counseling is to enhance your motorcycle/ATV safety awareness and encourage safe operation of motorcycles/ATVs in an effort to prevent personal injury. Before operating motorcycles/ATVs on post, you must meet all of the following operational requirements. Motorcycles that are neither registered nor operated on the installation must still meet the first three items.			
Date completed  _____ _____ _____	<b>Operational Requirements for motorcycle/ATV operation</b>  Obtain and maintain a valid state license with motorcycle endorsement. Complete the Experienced Riders MDDC training (copy maintained by Unit Safety Officer). Maintain Army mandatory PPE and wear PPE whenever operating motorcycles/ATVs; namely, helmets--certified to meet Department of Transportation standards properly fastened under the chin; goggles and face shields--impact or shatter resistant goggles or full face shield properly attached to helmet; sturdy foot-wear is mandatory--leather boots or over the ankle shoes are strongly encouraged; clothing--long sleeved shirt or jacket, long trousers, and full-fingered gloves or mittens designed for use on a motorcycle; garment visibility--a brightly colored outer upper garment during the day and a reflective upper garment during the night. Outer upper garment shall be clearly visible and not covered. Obtain and display post registration decals (information forwarded to and maintained by Unit Safety Officer). Regular safety inspections conducted by supervisor (copy maintained by Unit Safety Officer).		
The following are corrective measures that may be exercised by the Unit commander for failure to adhere to motorcycle/ATV operational safety requirements: <ul style="list-style-type: none"> <li>_____ Reattend MDDC course</li> <li>_____ Loss of pass/driving privileges</li> <li>_____ Letter of Reprimand</li> <li>_____ Action under UCMJ</li> </ul>			
You understand that if you are injured while riding a motorcycle/ATV and the accident was a result of your own misconduct, you may be found Not-In-Line of Duty due to your own misconduct. Such a finding by an investigating officer can result in loss or reduction of Army or Department of Veteran Affairs benefits. In addition to the Army requirement for PPE, you acknowledge that your commander has given you a direct order to <b>NEVER</b> operate a motorcycle/ATV without the PPE. Your failure to comply with his/her order is punishable under <b>Article 92 of the Uniform Code of Military Justice.</b>			
<b>OTHER INSTRUCTIONS</b>			
This form will be destroyed upon: reassignment (other than rehabilitative transfers) separation at ETS, or upon retirement. For separation Requirements and notification of loss of benefits/consequences see local directives and AR 635-200.			

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**Plan of Action** (Outlines actions that the subordinate will do after the counseling session to reach the agreed upon goal(s). The actions must be specific enough to modify or maintain the subordinate's behavior and include a specified time line for implementation and assessment (Part IV below).)

Soldier counseled will initial each of the following:

- ☐ Trooper understands and agrees to adhere to the operational requirements detailed in this counseling.
- ☐ Trooper understands the corrective measures that may be imposed for failure to adhere to motorcycle/ATV operational safety requirements both on and off post.
- ☐ Trooper understands that this counseling serves as a Commander imposed direct order "NEVER operate a motorcycle/ATV without the required PPE".

**Session Closing** (The leader summarizes the key points of the session and checks if the subordinate understands the plan of action. The appropriate subordinate agrees/disagrees and provides remarks if

Individual counseled: ☐ I agree ☐ disagree with the information above.

Individual counseled remarks:

Signature of Individual Counseled: \_\_\_\_\_ Date: \_\_\_\_\_

**Leader Responsibilities** (Leader's responsibilities in implementing the plan of action.)

Signature of Counselor: \_\_\_\_\_ Date: \_\_\_\_\_

**PART IV - ASSESSMENT OF THE PLAN OF ACTION**

**Assessment** (Did the plan of action achieve the desired results? This section is completed by both the leader and the individual counseled and provides useful information for follow-up counseling)

Counselor: \_\_\_\_\_ Individual Counseled: \_\_\_\_\_ Date of Assessment: \_\_\_\_\_

**Note:** Both the counselor and the individual counseled should retain a record of the counseling.

Extract from DODI 6055-4

E3.2.7. Requirements for Personal Protective Equipment (PPE) are as follows:

E3.2.7.1. The following PPE is mandatory for all persons as listed in paragraph 2.2. of the Instruction while operating or riding as a passenger on a motorcycle or ATV.

E3.2.7.1.1. Helmets. Certified to meet Department of Transportation (DOT) standards properly fastened under the chin. If stationed outside CONUS and the host nation does not have an equivalent helmet standard, the helmet will meet the U.S. Department of Transportation standard.

E3.2.7.1.2. Goggles and Face Shields. Impact or shatter resistant goggles or full-face shield properly attached to helmet. A windshield or eye glasses alone are not proper eye protection.

E3.2.7.1.3. Sturdy Footwear is mandatory. Leather boots or over the ankle shoes are strongly encouraged.

E3.2.7.1.4. Clothing. Long sleeved shirt or jacket, long trousers, and full-fingered gloves or mittens designed for use on a motorcycle.

E3.2.7.1.5. Garment Visibility. A brightly colored outer upper garment during the day and a reflective upper garment during the night. Outer upper garment shall be clearly visible and not covered.

*DODI 6055.4, July 20, 1999*  
12 ENCLOSURE 3

E3.2.8. The PPE for Government-owned motorcycle and ATV operators during off-road operations should also include knee and shin guards and padded full-fingered gloves.

E3.2.9. Failure to wear the PPE or comply with licensing or operator training requirements may be considered in making line-of-duty determinations if the injury is from such nonuse of PPE or noncompliance.



ACCIDENT - IDENTIFICATION CARD	
(THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974 - SEE REVERSE)	
Any correspondence regarding accident should be addressed to:	
MAKE REFERENCE TO	
DATE OF ACCIDENT	
MAKE AND TYPE OF VEHICLE	
REGISTRATION NO.	
DRIVER (Last name - first name - middle initial)	
SSN	GRADE
ORGANIZATION	

DD Form 518, OCT 78 (EG) PREVIOUS EDITION  
IS OBSOLETE.  
Designed using Perform Pro, WHS/DIOR, Dec 94

PRIVACY ACT STATEMENT
<b>AUTHORITY:</b> Sec 638a, Title 31, USC and EO 9397.
<b>PRINCIPAL PURPOSE:</b> To provide persons involved in an accident with a DoD owned/leased vehicle the identity of the person with the authority to act on the matter.
<b>ROUTINE USES:</b> Placed in each vehicle for purpose stated above. When a DoD vehicle is involved in an accident, the driver provides the other party(s) with a properly executed DD Form 518. The SSN is requested because of similarity of names, to further identify the driver of the DoD vehicle.
<b>DISCLOSURE IS VOLUNTARY:</b> No disciplinary action is taken in cases where the SSN is not provided.

DD Form 518 Reverse, OCT 78

**MOTOR VEHICLE  
ACCIDENT REPORT**Please read the  
Privacy Act State-  
ment on Page 3.INSTRUCTIONS: Sections I thru IX are filled out by the vehicle operator. Section X, Items 72  
thru 82c are filled out by the operator's supervisor. Sections XI thru XIII are filled out by an  
accident investigator for bodily injury, fatality, and/or damage exceeding \$500.**SECTION I - FEDERAL VEHICLE DATA**

1. DRIVER'S NAME (Last, first, middle)				2. DRIVER'S LICENSE NO./STATE/LIMITATIONS		3. DATE OF ACCIDENT	
4a. DEPARTMENT/FEDERAL AGENCY PERMANENT OFFICE ADDRESS						4b. WORK TELEPHONE NUMBER ( )	
5. TAG OR IDENTIFICATION NUMBER		6. EST. REPAIR COST \$	7. YEAR OF VEHICLE	8. MAKE		9. MODEL	10. SEAT BELTS USED <input type="checkbox"/> YES <input type="checkbox"/> NO
11. DESCRIBE VEHICLE DAMAGE							

**SECTION II - OTHER VEHICLE DATA (Use Section VIII if additional space is needed.)**

12. DRIVER'S NAME (Last, first, middle)				13. DRIVER'S LICENSE NUMBER/STATE/LIMITATIONS			
14a. DRIVER'S WORK ADDRESS						14b. WORK TELEPHONE NUMBER ( )	
15a. DRIVER'S HOME ADDRESS						15b. HOME TELEPHONE NUMBER ( )	
16. DESCRIBE VEHICLE DAMAGE						17. ESTIMATED REPAIR COST \$	
18. YEAR OF VEHICLE		19. MAKE OF VEHICLE		20. MODEL OF VEHICLE		21. TAG NUMBER AND STATE	
22a. DRIVER'S INSURANCE COMPANY NAME AND ADDRESS						22b. POLICY NUMBER	
						22c. TELEPHONE NUMBER ( )	
23. VEHICLE IS <input type="checkbox"/> CO-OWNED <input type="checkbox"/> RENTAL <input type="checkbox"/> LEASED <input type="checkbox"/> PRIVATELY OWNED				24a. OWNER'S NAME(S) (Last, first, middle)		24b. TELEPHONE NUMBER ( )	
25. OWNER'S ADDRESS(ES)							

**SECTION III - KILLED OR INJURED (Use Section VIII if additional space is needed.)**

26. NAME (Last, first, middle)						27. SEX	28. DATE OF BIRTH	
29. ADDRESS								
A	30. MARK "X" IN TWO APPROPRIATE BOXES <input type="checkbox"/> KILLED <input type="checkbox"/> DRIVER <input type="checkbox"/> PASSENGER <input type="checkbox"/> INJURED <input type="checkbox"/> HELPER <input type="checkbox"/> PEDESTRIAN			31. IN WHICH VEHICLE <input type="checkbox"/> FED <input type="checkbox"/> OTHER (2)	32. LOCATION IN VEHICLE		33. FIRST AID GIVEN BY	
34. TRANSPORTED BY			35. TRANSPORTED TO					
36. NAME (Last, first, middle)						37. SEX	38. DATE OF BIRTH	
39. ADDRESS								
B	40. MARK "X" IN TWO APPROPRIATE BOXES <input type="checkbox"/> KILLED <input type="checkbox"/> DRIVER <input type="checkbox"/> PASSENGER <input type="checkbox"/> INJURED <input type="checkbox"/> HELPER <input type="checkbox"/> PEDESTRIAN			41. IN WHICH VEHICLE <input type="checkbox"/> FED <input type="checkbox"/> OTHER (2)	42. LOCATION IN VEHICLE		43. FIRST AID GIVEN BY	
44. TRANSPORTED BY			45. TRANSPORTED TO					
46. Pedes- trian	a. NAME OF STREET OR HIGHWAY				b. DIRECTION OF PEDESTRIAN (SW corner to NE corner, etc.)			
					FROM		TO	
	c. DESCRIBE WHAT PEDESTRIAN WAS DOING AT TIME OF ACCIDENT (Crossing intersection with signal, against signal, diagonally; in roadway playing, walking, hitchhiking, etc.)							

**SECTION IV - ACCIDENT TIME AND LOCATION** *(Use Section VIII if additional space is needed.)*


47. DATE OF ACCIDENT	48. PLACE OF ACCIDENT <i>(Street address, city, state, ZIP Code; Nearest landmark; Distance nearest intersection; Kind of locality (industrial, business, residential, open country, etc.); Road description).</i>
49. TIME OF ACCIDENT AM PM	


**50. INDICATE ON THIS DIAGRAM HOW THE ACCIDENT HAPPENED**

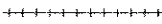
Use one of these outlines to sketch the scene. Write in street or highway names or numbers.


a. Number Federal vehicle as 1, other vehicle as 2, additional vehicle as 3 and show direction of travel with arrow.

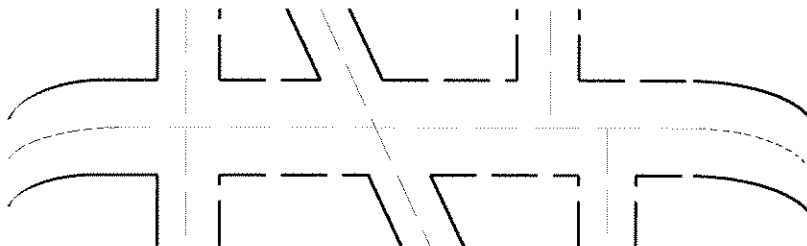
Example: 

b. Use solid line to show path before accident and broken line after the accident 

c. Show pedestrian by 

d. Show railroad by 

e. Place arrow in this circle to indicate NORTH 

**51. POINT OF IMPACT**  
*(Check one for each vehicle)*

FED	2	AREA
		a. FRONT
		b. R. FRONT
		c. L. FRONT
		d. REAR
		e. R. REAR
		f. L. REAR
		g. R. SIDE
		h. L. SIDE

52. DESCRIBE WHAT HAPPENED *(Refer to vehicles "Fed", "2", "3", etc. Please include information on posted speed limit, approximate speed of the vehicles, road conditions, weather conditions, driver visibility, condition of accident vehicles, traffic controls (warning light, stop signal, etc.) condition of light (daylight, dusk, night, dawn, artificial light, etc.), and driver actions (making U-turn, passing, stopped in traffic, etc.).*

**SECTION V - WITNESS/PASSENGER** *(Witness must fill out SF 94, Statement of Witness) (Continue in Section VIII.)*

A	53. NAME <i>(Last, first, middle)</i>	54. WORK TELEPHONE NUMBER ( )	55. HOME TELEPHONE NUMBER ( )
	56. BUSINESS ADDRESS	57. HOME ADDRESS	
B	58. NAME <i>(Last, first, middle)</i>	59. WORK TELEPHONE NUMBER ( )	60. HOME TELEPHONE NUMBER ( )
	61. BUSINESS ADDRESS	62. HOME ADDRESS	

**SECTION VI - PROPERTY DAMAGE** *(Use Section VIII if additional space is needed.)*

63a. NAME OF OWNER	63b. OFFICE TELEPHONE NUMBER ( )	63c. HOME TELEPHONE NUMBER ( )
63d. BUSINESS ADDRESS	63e. HOME ADDRESS	
64a. NAME OF INSURANCE COMPANY	64b. TELEPHONE NUMBER ( )	64c. POLICY NUMBER
65. ITEM DAMAGED	66. LOCATION OF DAMAGED ITEM	67. ESTIMATED COST \$

**SECTION VII - POLICE INFORMATION**

68a. NAME OF POLICE OFFICER	68b. BADGE NUMBER	68c. TELEPHONE NUMBER ( )
69. PRECINCT OR HEADQUARTERS	70a. PERSON CHARGED WITH ACCIDENT	70b. VIOLATION(S)

**SECTION VIII - EXTRA DETAILS**

SPACE FOR DETAILED ANSWERS. INDICATE SECTION AND ITEM NUMBER FOR EACH ANSWER. IF MORE SPACE IS NEEDED, CONTINUE ITEMS ON PLAIN BOND PAPER.

**SECTION IX - FEDERAL DRIVER CERTIFICATION**

In compliance with the Privacy Act of 1974, solicitation of the information requested on this form is authorized by Title 40 U.S.C. Section 491. Disclosure of the information by a Federal employee is mandatory as the first step in the Government's investigation of a motor vehicle accident. The principal purposes for using this information is to provide necessary data for legal counsel in legal actions resulting from the accident and to provide accident information/statistics in analyzing accident causes and developing methods of reducing accidents. Routine use of information may be by Federal, State or local governments, or agencies, when relevant to civil, criminal, or regulatory investigations or prosecutions. An employee of a Federal agency who fails to report accurately a motor vehicle accident involving a Federal vehicle or who refuses to cooperate in the investigation of an accident may be subject to administrative sanctions.

I certify that the information on this form (Sections I thru VIII) is correct to the best of my knowledge and belief.

71a. NAME AND TITLE OF DRIVER

71b. DRIVER'S SIGNATURE AND DATE

**SECTION X - DETAILS OF TRIP DURING WHICH ACCIDENT OCCURRED**

72. ORIGIN

73. DESTINATION

74. EXACT PURPOSE OF TRIP

75. TRIP BEGAN	DATE	TIME (Circle one) a.m. p.m.	76. ACCIDENT OCCURRED	DATE	TIME (Circle one) a.m. p.m.
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77. AUTHORITY FOR THE TRIP WAS GIVEN TO THE OPERATOR

☐ ORALLY ☐ IN WRITING (Explain)

78. WAS THERE ANY DEVIATION FROM DIRECT ROUTE

☐ NO ☐ YES (Explain)

79. WAS THE TRIP MADE WITHIN ESTABLISHED WORKING HOURS

☐ YES ☐ NO (Explain)

80. DID THE OPERATOR, WHILE ENROUTE, ENGAGE IN ANY ACTIVITY OTHER THAN THAT FOR WHICH THE TRIP WAS AUTHORIZED.

☐ NO ☐ YES (Explain)81. COMPLETED BY  
DRIVER'S  
SUPERVISOR

a. DID THIS ACCIDENT OCCUR WITHIN THE EMPLOYEE'S SCOPE OF DUTY

☐ YES  
☐ NO

b. COMMENTS

82a. NAME AND TITLE OF SUPERVISOR

82b. SUPERVISOR'S SIGNATURE AND DATE

82c. TELEPHONE NUMBER

( )

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**SECTION XI - ACCIDENT INVESTIGATION DATA**

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83. DID THE INVESTIGATION DISCLOSE CONFLICTING INFORMATION. ☐ YES ☐ NO (If "Yes", explain below.)

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**84. PERSONS INTERVIEWED**

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NAME	DATE	NAME	DATE
a.		c.	
b.		d.	

85. ADDITIONAL COMMENTS (Indicate section and item number for each comment.)

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**SECTION XII - ATTACHMENTS**

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LIST ALL ATTACHMENTS TO THIS REPORT

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**SECTION XIII - COMMENTS/APPROVALS**

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86. REVIEWING OFFICIAL'S COMMENTS

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**87. ACCIDENT INVESTIGATOR**

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a. SIGNATURE AND DATE

b. NAME (First, middle, last)

c. TITLE

d. OFFICE

e. OFFICE TELEPHONE NUMBER  
( )

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**88. ACCIDENT REVIEWING OFFICIAL**

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a. SIGNATURE AND DATE

b. NAME (First, middle, last)

c. TITLE

d. OFFICE

e. OFFICE TELEPHONE NUMBER  
( )